

GUIDE TO SIGN AND AWNING PERMITS

Pursuant to Sections 12-15 and 12-16 of the Somerville Code of Ordinances, a permit must be obtained before placing a sign, awning, or advertising device over a public way. Once obtained, the permit will remain in effect as long as the bond or insurance requirements are kept current, unless the permit is revoked by the Board of Aldermen. The Permit is non-transferable. The permit must be obtained by the owner of the sign, awning, or advertising device, *not* the installer. The fee is \$100.00.

Complete this Application for a Permit as instructed below.

1. Fill in all information requested on the Application. Complete and sign the REAP Attestation. Fill in the top half of the Certificate of Good Standing. Fill in and sign the State Dept. of Industrial Accidents Workers Compensation Insurance Affidavit – General Business.
2. Attach a sketch of the sign, awning or advertising device.
3. Contact the Inspectional Services Department to arrange an inspection and a sign-off on the Application at 617 625-6600 x5600, Franey Road (Department of Public Works), during the following hours: Mon–Fri, 8:00 AM – 4:00 PM.
4. Obtain insurance OR a bond as follows:
Either obtain a Certificate of Insurance showing the City of Somerville as an Additional Insured on the owner's business insurance, *or* obtain a Bond for Signs and Awnings using the City's bond form in this packet. For the bond, make sure all information is filled in:
 - The bond #
 - Your name and address
 - The name of the surety
 - A description of the sign, awning, or advertising device
 - The address of the sign, awning, or advertising device
 - The date of signature
 - Your signature, together with the signature of a witness
 - The surety's signature, together with the signature of a witness
 - Attach a Power of Attorney letter showing that whoever signs for the surety has the authority to do so, and, if you are a corporation, attach a Certificate of Corporate Authority showing that whoever signs for the corporation has the authority to do so.
5. Obtain a sign-off on the Certificate of Good Standing from the City Treasurer (City Hall, 93 Highland Avenue, 617 625-6600 x3500), to confirm that all taxes and fees have been paid, during the following hours: Mon–Wed 8:30AM–4:00PM, Thu 8:30AM-7:00PM, Fri 8:30AM-12:00PM.
6. Submit the application and the fee to the City Clerk's Office (City Hall, 93 Highland Avenue, 617 625-6600 x4100). The City Clerk will forward it to the Board of Aldermen for consideration. The Board usually meets on the 2nd and 4th Thursday of the month. Following Board approval, the Mayor has up to ten days to sign off on the application, before the license can be issued.

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$100.00

Date _____

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

☐ New Sign, Awning or Advertising Device

☐ New Facing on an Existing Frame

☐ Renewing Existing Sign, Awning or Advertising Device Permit for a New Owner

Business Name: _____ Phone: _____

Business DBA Name (if applicable): _____

Address with Zip Code: _____

Mailing Name (where we should send correspondence to): _____

Address with Zip Code: _____

Emergency Contact 1: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

Type of Business (Check one): ☐ Individual ☐ Sole Proprietorship
 ☐ Corporation ☐ Association ☐ Partnership

IF AN INDIVIDUAL OR SOLE PROPRIETORSHIP:

Owner's Name: _____

Address with Zip Code: _____

IF A CORPORATION OR ASSOCIATION:

President's Name: _____

Address with Zip Code: _____

Secretary's Name: _____

Address with Zip Code: _____

Treasurer's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP (Attach additional sheets as necessary):

Partner 1's Name: _____

Address with Zip Code: _____

Partner 2's Name: _____

Address with Zip Code: _____

Name of company erecting sign: _____

Phone: _____

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. _____

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this permit. This permit will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: _____ Date: _____

Print Name: _____ Phone: _____

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The Inspectional Svcs. Dept. recommends that the application be: ____ Approved ____ Denied

Signature: _____ Date: _____

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: _____
2. Address of taxpayer/applicant's business in Somerville: _____
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: _____ evening: _____

I, _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of _____, 20____. _____
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# _____	# _____	# _____	# _____

NOTES:

CLERK'S INITIALS: _____ **ORIGINAL STAMP:**

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: _____

address: _____

city: _____

state: _____

zip: _____

phone #: _____

work site location (full address): _____

☐ I am a sole proprietor and have
no one working in any capacity.

Business Type:

☐ Retail

☐ Restaurant/Bar/Eating Establishment

☐ I am an employer with _____ employees (full & part time).

☐ Office

☐ Sales (including Real Estate, Autos etc.)

☐ Other _____

☐ I am an employer providing workers' compensation for my employees working on this job.

company name: _____

address: _____

city: _____

phone #: _____

insurance co.: _____

policy #: _____

☒ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies.

company name: _____

address: _____

city: _____

phone #: _____

insurance co.: _____

policy #: _____

company name: _____

address: _____

city: _____

phone #: _____

insurance co.: _____

policy #: _____

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Print name: _____ Phone #: _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license #: _____

☐ check if immediate response is required

contact person: _____

(revised Sept. 2003)

phone #: _____

☐ Building Department

☐ Licensing Board

☐ Selectmen's Office

☐ Health Department

☐ Other _____

Bond for Signs and Awnings

Bond # _____

Know all Men by these Presents,

That we, (name and address) _____,
in the Commonwealth of Massachusetts, as Principal, and (name) _____
as Surety, are held and firmly bound unto the City of Somerville, a municipal corporation within said Commonwealth, in the
sum of Five Thousand Dollars, to be paid to the said City, its successors or assigns, for which payment to be well and truly
made, we bind ourselves and each of us, our heirs, executors, administrators, successors, and assigns, jointly and severally,
firmly by these presents.

Whereas the said Principal has this day been granted a permit for permission to place or keep a sign, awning or advertising
device by the Board of Aldermen of said City, according to the provisions of certain ordinances of said City relating to signs
and awnings over public ways, and whereas a bond is required for permission to the Principal to place or keep a sign, awning
or advertising device of the following description: _____

at the following address: _____.

Now, therefore, the condition of this obligation is such that if the said Principal shall indemnify and save harmless said City
from all loss, damage, expense and claims arising directly or indirectly out of said permission or out of the acts of said
Principal, our servants and agents, or otherwise, in connection with said permission, then this obligation shall be void;
otherwise it shall remain in full force and virtue.

In witness whereof we hereunto set our hands and seals this ____ day of _____, 20____, in the presence of:

For the Principal (Affix Seal and Attach Certificate of Corporate Authority):

Signature _____

Witness _____

For the Surety (Affix Seal and Attach Power of Attorney):

Signature _____

Witness _____

CERTIFICATE OF CORPORATE AUTHORITY

I, Name of Clerk or Secretary, Clerk of
Name of Corporation hereby certify that,
at a meeting of the Board of Directors of said Corporation duly held on the _____ day of
_____, _____, at which a quorum was present and voting throughout, the following
Month _____, Year _____ vote was duly passed and is now in full force and effect:

VOTED: That Name of Officer authorized to sign for the Corporation be and
hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to
sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and
other obligations of the Corporation, the execution of any such contract, bond or obligation by
such Name of Officer authorized to sign for the Corporation to be valid
and binding upon this Corporation for all purposes. This vote remains in full force and effect,
and
has not been altered, amended or revoked by a subsequent vote of such directors.

I further certify that Name of Officer authorized to sign for the Corporation
is the duly elected Title of said Corporation.

Signed _____
Clerk or Secretary

Place of Business _____

Date _____

AFFIX CORPORATE SEAL HERE

In the event that the Clerk or Secretary is the same person as the Officer authorized to
sign that contract, bond or other instrument for the Corporation, this certificate must be counter-
signed by another Officer of the Corporation.

Countersigned _____

Name & Title of Countersigning Officer _____